

Case Number:	CM14-0086671		
Date Assigned:	07/28/2014	Date of Injury:	08/30/2011
Decision Date:	10/14/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male with an 8/30/11 date of injury. The mechanism of injury occurred when he stepped off a customer's front porch and fell forward, landing on both of his hands and knees. According to a progress report dated 4/8/14, the patient stated that his pain and strength were improved with physical therapy. He continued to have swelling, popping, and grinding of the right knee. He complained of pain and stiffness of the right knee. Objective findings include an examination of right knee revealing tenderness over the medial and lateral joint line, McMurray test is positive, moderate effusion over patella, popping over the patella, and severe chondromalacia patella. Diagnostic impression includes meniscus tear, right knee, chondromalacia patella, patellar tendinitis, and osteoarthritis right knee. Treatments to date include medication management, activity modification, and physical therapy. A UR decision dated 5/22/14 denied the request for additional physical therapy 3 x 4 to the right knee. The injured worker has had 12 visits since 1/2014. There is no evidence of significant improvement in objective exam findings with the physical therapy to date. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/22/14 denied the request for additional physical therapy 3 x 4 to the right knee. The claimant has had 12 visits since 1/2014. There is no evidence of significant improvement in objective exam findings with the physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3x4 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 98-99, 9792.22 General Approaches. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals as well as monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. According to the UR decision dated 5/22/14, the patient has already completed 12 sessions of physical therapy since January, 2014. Guidelines support up to 9 visits over 8 weeks for meniscus tears. An additional 12 sessions would exceed guideline recommendations. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Furthermore, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for physical therapy 3x4 to the right knee was not medically necessary.